UTILITY PATENT APPLICATION TRANSMITTAL O(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03500.015395.1	_ <u>~</u> ~
First Nam	ed Inventor or Application Identifier	s. 52
TAKESHI OKADA ET AL		ું:
Express Mail Label No.		54

Telephone Tele	See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
See 37 CFR 1.27. 3. X Specification Total Pages Total Pages						7.	CD-ROM or CD-R in duplicate, large table or Computer				
b. Specification Sequence Listing on: iCD-ROM or CD-R (2 copies); or iipaper aX Newly executed (original or copy) bCopy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) iDELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6X Application Data Sheet. See 37 CFR 1.76 6X Application Data Sheet. See 37 CFR 1.76 11English Translation Document (if applicable) 12X Isterment (IDS)/PTO-1449 13X Preliminary Amendment 14X Return Receipt Postcard (IMPEP 503) (Should be specifically itemized) 15Continuation 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: ContinuationContinuationContinuationContinuation						8.					
4. X Drawing(s) (35 USC 113) Total Sheets T iCD-ROM or CD-R (2 copies); or 5. X Oath or Declaration	3. X S	pecification		Total Pages	74				•	·	CRF)
a. X Newly executed (original or copy) a. X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 11. English Translation Document (if applicable) 12. X statement (IDS)/PTO-1449 13. X Preliminary Amendment 14. X Return Receipt Postcard (IMPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. X Others Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Prior application information: Examiner Lymete T. Uninex Eronini For CONTINUATION OR DINISIONAL APPS only: The entire disdosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying confination or divisional application parts. 18. CORRESPONDENCE ADDRESS City State Zip Code	4. X D	rawing(s) (3	(35 USC 113) Total Sheets 7				<u></u>			i); or	
ACCOMPANYING APPLICATION PARTS b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76 11. English Translation Document (if applicable) 12. X Istatement (IDS)/PTO-1449 13. X Preliminary Amendment 14. X Return Receigt Postcard (IMPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. X Other: Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Prior application information: Examiner _Lymeter T. Uninex Eronini For CONTINUATION OR DINISIONAL APPS only: The entire disclosure of the prior application nor which an eath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying confination or divisional application parts. 18. CORRESPONDENCE ADDRESS City State Zip Code 19. Assignment Papers (cover sheet & document(s)) 10. GFR 3.73(b) State 10. GFR 3.73(b) State 11. English Translation Document (if applicable) 11. English Translation Document (if applicable) 11. English Translation Document (if applicable) 12. X statement (IDS)/PTO-1449 X Coples of IDS Statement (IDS)/PTO-1449 16. X Other Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: GroupArt Unit	5. X O	ath or Decla	aration	Total Pages	3			ii. 🔲 j	paper		
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14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if torsign priority is calimate) 16. X Other: Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Prior application information: Examiner Lymette T. Immer Eranial GroupArt Unit: 1765 For CONTINUATION OR DINSIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application parts. 18. CORRESPONDENCE ADDRESS X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below NAME Address City State Zip Code	6. X A	Application D	ata Sheet, See	37 CFR 1.76		1		Statement (IDS)/PTO-14	49 X	
15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. X Other: Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation						1		Return Rec	eipt Postcard		
16. X Other: Substitute and marked-up Specifications 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Prior application information: Examiner _!_treetle T. Immer Eranial Continuation-in-part (CIP) of prior application No. 09/867,492 For CONTINUATION OR DINISIONAL APPS only: The entire disclosure of the Prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application parts. 18. CORRESPONDENCE ADDRESS 18. CORRESPONDENCE ADDRESS (Insert Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below NAME Address City State Zip Code						-	15.				
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Prior application Information: Examiner _Lynette 7. Umex Eronini GroupArt Unit:1755 For CONTINUATION OR DINISIONAL APPS only: The entire disdosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying confinuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18. CORRESPONDENCE ADDRESS 05514 X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below NAME Address City State Zip Code	17. If a CO	DNINUING	APPLICATION,	check approp	riate box and su	ipply the	e requisite	information:			
considered a part of the disclosure of the accompanying confination or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadventently omitted from the submitted application parts. 18. CORRESPONDENCE ADDRESS 05514 X. Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below NAME Address City State Zip Code									lication No.	09/867,492	_
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	10-20 =	0	X \$ 18.00 =	\$000.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 84.00 =	\$000.00
	MULTIPLE DEPENDENT	\$			
				BASIC FE (37 CFR 1.16)	\$750.00
			Total of	above Calculations	= \$750.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL	= \$750.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Elizabeth F. Holowacz (Reg. No. 42,667)			
SIGNATURE	Chapatas Colacia			
DATE	August 4, 2003			

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